24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) AMEDICANI MODICINIC FAMILIES FEC IDENTIFICATION NUMBER ▼		
AMERICAN WORKING FAMILIES		C C00511915
		J
Check if X 24-hour report 48-hour report New report X	Amends report filed on	02 25 / 2016
Full Name of Payee	Da	te of Public Distribution/Dissemination
Buying Time, LLC		02 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 600 Massachusetts Ave, NW		nount
City State Zip Code	,	50000.00
Washington DC 20001	Tra	ansaction ID : SE.4437
Purpose of Expenditure Categor		tte of Disbursement or Obligation
TV Advertising Typ		02 24 2016
Name of Federal Candidate	Support Office Sou	ught: X House District: 29
ADRIAN GARCIA	Oppose Pre	sident Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	Disbursen 2016	nent For:
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Extreme Reach		02 25 2016
Mailing Address 75 Second Hill Avenue		
	An	nount
City State Zip Code		250.00
Brookline MA 02445		nsaction ID : SE.4443 ate of Disbursement or Obligation
Purpose of Expenditure Media Production/Spot Delivery Categor Typ	ry/	02 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ught: X House District: 29
ADRIAN GARCIA		esident Senate State: TX
Calendar Year-To-Date	Disburser	ment For: Primary General
Per Election for Office Sought	.00 2016	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·····	50250.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	·	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Bud Jackson [Electronically Filed] Date 02 26 2016		
Signature		